

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	815223499	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS of Andre Horton					
Street Address		P.O. Box 6133					
City	ERIE	State	PA	Zip Code	16512-6133		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual Election	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11-07		Year	2017		Amendment Report	Termination Report
							<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11-28-2017	12-31-2017	
A. Amount Brought Forward From Last Report	\$	2,389.04	<div style="transform: rotate(90deg);">2018 JAN 31 PM 12:13</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	2,389.04	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,389.04	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
I swear (or affirm) that this report, including the attached schedules on pages 1 to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
31st day of January 2018
Tonia Wilt
 Signature
 My Commission expires 4-3-19
 MO. DAY YR.

Deborah Johnson
 Signature of Person Submitting report
Deborah Johnson
 Printed Name
814 460 0776
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this
31st day of January 2018
Tonia Wilt
 Signature
 My Commission expires 4-3-19
 MO. DAY YR.

Andre R. Horton
 Signature of Candidate
ANDRE R. HORTON
 Printed Name
814 572-1230
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Tonia Wilt, Notary Public
 City of Erie, Erie County
 My Commission Expires April 3, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	815 223 499
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number						815223499		Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	0	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State			Zip Code		Date [MM/DD/YYYY]		\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number	815 223 499
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	815 223 499
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S	0
House #	Street Address		Date [MM/DD/YYYY]	S		
City	State	Zip Code	Date [MM/DD/YYYY]	S		

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	815223499
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	815 223 499
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Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

815223499

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART B)

TOTAL for the reporting period

(2)

\$

0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)

TOTAL for the reporting period

(3)

\$

0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)

\$

0

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	815223499
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	815223499
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0	
City	State	Zip	Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0	
City	State	Zip	Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0	
City	State	Zip	Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0	
City	State	Zip	Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0	
City	State	Zip	Code			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0	
City	State	Zip	Code			
Description of Debt						